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ABSTRACT

This document discusses the application of a systems approach for family counseling for African American families with a family member infected with Acquired Immune Deficiency Syndrome (AIDS). It begins by citing statistics that illustrate that there exists a disproportionate representation of cases of AIDS among African Americans. A discussion on empowerment of the family gives some historical perspective to the black family and cautions against taking a Eurocentric approach when working with other cultural groups. The systems approach is explained and the discussion then integrates the systems approach in combination with a multicultural approach which involves empowering the African American family by using its strengths. A section on the African American family in therapy is followed by a discussion of the AIDS family. It is noted that the application of a systems approach for counseling African American AIDS patients and their families allows the counselor to deal with the ramifications of the disease within a cultural framework inclusive of extended relationships. Specific strategies are presented which combine these perspectives with the existential dilemmas encountered by the dying and his or her family. The document concludes that counselors also need to be responsible advocates of safe sex and drug usage in their efforts to prevent AIDS. (NB)

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THE AFRICAN AMERICAN FAMILY AND AIDS:

COUNSELING ISSUES AND STRATEGIES

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Abstract

The application of a systems approach for family counseling for African American families with a family member infected with AIDS is discussed. This discussion integrates the systems approach in combination with a multicultural approach which involves empowering the African American family by using its strengths. Specific strategies are presented which combines these perspectives with the existential dilemmas encountered by the dying client and his or her family.

The African American Family and AIDS: Counseling Issues and Strategies

The spread of AIDS throughout the world has created new and growing concerns within the mental health profession. The complexity of the disease and the limited ability to control related opportunistic infections engenders heightened anxiety among whoever HIV impacts (Hoop & Rogers, 1989). Hopp and Rogers note that since this disease was first tracked by the Center for Disease Control, it was clear that there was a disproportionate representation of cases among African Americans.

There were 164,129 AIDS cases reported in the United States of which 46,447 or 28% were African American as of 1991. Within this reported population approximately 52% of all children (13 years and younger), 25% of all males, and 52% of all females were African American (Center for Disease Control, 1991). The implications for the family are far reaching when over 50% of all women and children with AIDS are a single minority group. The dilemma facing mental health professionals becomes even clearer when AIDS has become the leading cause of death among African American women between the ages of twenty-four and thirty-six (Ritchie, 1990). African Americans make up just under 12% of the population.

The application of a systems approach for counseling African American AIDS patients and their families allows the counselor to deal with the ramifications of the disease within a cultural framework inclusive of extended relationships (Bor, Perry & Miller, 1989). The nature of systemic counseling allows the therapist

to move from the specific to the general within the counseling framework, i.e., the individual is part of a larger system. The subsystems closest to the patient and his or her family are examined with the aim of working towards addressing the larger significant relationship within the family system (Fenell & Weinhold, 1989; Minuchen, 1974). There is a very strong circuitous relationship between the presenting problem and the context within which it exists, for interaction becomes more than linear, but rather a reciprocating type of cause and effect between each member of the family (Bor et al., 1989). Given that both the context and the problem will be very fluid and dynamic it becomes important for the counselor to deal with the problem as the clients (i.e., the family) defines it. For the counselor it will be important to articulate a clear definition of the problem facing the family as it evolves. This allows for a less clouded understanding of the context within which the problem is likely to develop.

Empowerment of the Family

The unique experiences of the African American makes it very difficult to focus on circumstances as tragic as the impact of AIDS on the community without giving some historical perspective to the family. With the persistence of structural racism within American public institutions, the counselor needs to be aware of the existence of traditional deficiencies in mental health delivery systems for minority groups (Colangelo, Dustin, & Foxley, 1985). With the purported decline in the importance of race, African Americans become more prone to being addressed with less cultural specificity and more of a total

Eurocentric perspective in mental health. The AIDS family must be encouraged to draw from the strength of the extended family and the network that gives power and respect to an ailing family system. In reference to this same issue Sue (1990) discusses counselors who rigidly define their role within an universal concept of health and normalacy. His concept of cultural encapsulation allows for, (a) the substitution of model stereotypes for the real cultural milieu of the African American, (b) disregard for cultural variations, and (c) the use of a technique-oriented definition of the counseling process. He suggests that the counseling process needs to be culture specific if the family is to feel a sense of congruity, and unconditional regard in the counseling setting.

Very often the counselor can have ineffective, inappropriate, and antagonistic counseling approaches to significant values held by African Americans. Class bound values often predicate that the counseling session be conducted in a middle to upper middle class frame of reference. With a larger percentage of those African Americans with AIDS in the lower economic group it becomes important that families not be forced to deal additionally with inappropriate variables. (Ritchie, 1990). It is important to note that appropriate value oriented counseling and culture-sensitive approaches are not guaranteed when the family visits an African American counselor. Very often the therapeutic orientation is an institutional appropriation and as counselors are typically trained in Eurocentric counseling models it is not often that minority personnel make correct delineations about culture-sensitive counseling theory. In working

towards empowerment of the African American family counselors must be reminded of the premises from which credibility is judged. Expertness and trustworthiness are often viewed as functions of academic success by white clients. However, there is often a larger judgement factor at work beyond the academic certificate within the dynamics of the counseling session when dealing with African Americans. To empower the client, the counselor must reinforce the strengths of the African American family and focus the client on the positive and regenerative capabilities which often surface when significant trauma strikes.

According to Nobles (1974), the global "we" perspective coupled with the philosophical principles of unity, cooperative effort, and mutual responsibility still characterizes the African American family. Despite the disproportionate amount of families living below the poverty line and the pervasiveness of inequity in social conditions, Foster and Perry (1982) report strong positive self concepts among African Americans. In an examination of the strengths of the black family Cheatham (1990) makes a historical connection and postulates the following:

> African values emphasizing collectivity, affiliation, sharing, spirituality, and obedience have been preserved and transmitted to the African American family. The strengths of black families have been identified as: (a) strong kinship bonds as manifested in the capacity to absorb other individuals into the family structure, (b) a strong work orientation, (c) flexibility

of family members' roles, (d) high achievement orientation, and (e) religious orientation.

The strength of empowerment for African Americans comes with a strong sense of cultural awareness along with appropriate intervention methods and techniques. An understanding of the fact that for centuries African Americans have thrived under adversity should thwart any desire for condescension toward the AIDS family. Cheatham (1990) discusses a five stage approach which is designed to foster respect for the family and empowerment within the therapeutic framework. Stage one involves an initial discussion of the counselors role and expectation of both the client and the counselor. He suggests that relinquishment of formality, and modification of therapy can be helpful in increasing the 'power quotient" of the client (i.e., the family). Identification and interpretation of the presenting problem becomes the next task. It is reiterated that "a safe and indispensable assumption is that the client is aware of the client's own norms." This becomes of particular significance if the counselor begins to make blind assumptions about the dynamics within the family as opposed to letting the members do the disclosing. Deciding a course of resolution is the next stage and it becomes important that the counselor use all of the resources that the family brings to the counseling environment in order to find and chart the best possible course. Upon setting a course, the counselor must then be prepared to create some allegiance with the family as they try to work both within and outside of the office framework. The cultural awareness of the counselor helps in providing

sensitive reinforcement for the family. The final stage consists of evaluating the process of the family and making alternative treatment plans if the therapeutic alliance is not working.

Beyond the expectation of empowerment that can be directly facilitated within the counseling environment, the family that is also empowered socially and politically will better be able to respond to the challenges of AIDS. Health care for minorities in general, has become a phenomenal undertaking, and the onset of AIDS only exacerbates the already grim reality. It becomes then the job of health care to be proactive and educate rather than to try to cure. If the onset of this disease in an African American family can be prevented what is almost certain financial ruin for the family can also be avoided. According to De La Cancella (1989), this process of educative prevention must begin with group work where there is a family and community focus. It becomes important that communities use whatever social and political vehicles necessary to plan and achieve tangible goals.

> Demographic analysis and consideration of behavioral, economic, and sociology realities lead to suggesting a community empowerment model in AIDS education. A pro-social model ties combatting AIDS with the fight for improved access to heath care for minorities, and the fight against drugs, illiteracy, violence, and crime in minority communities (De La Cancella, 1989)....It is empowering because it is characterized by the interest of

promoting the health and well being of the minority family and community rather than focusing primarily on the well being of the individual (Rogers & Williams 1987).

The Systems Approach

The framework for systems theory is built upon treatment that emphasizes a multi-generational approach. The therapist role is seen in terms of helping to define the problem and subsequently helping the family members establish greater connections with their more extended family and the community (Nichols, 1984). The family dealing with AIDS must be approached on the basis of the presenting problem, and not a therapist agenda. Bowen (1978) contends that unresolved emotional attachment to one's family must be resolved, rather than passively accepted or reactivity rejected, before one can differentiate a mature, healthy personality.

A corner stone within the systems approach is the concept of differentiation. The aim of the therapist is to help the individual find some separation between feeling and thinking. This separation allows for more objective thinking. The more autonomous one's intellect is from automatic emotional forces the more differentiated one is (Piercy & Sprenkle, 1986). For the AIDS family entering therapy there will invariably be the intellectualizing of very strong emotional reactions. When differentiation of "self" is clearly developed there will be a strong autonomous identity. The more undifferentiated the family members, the harder it is for them to deal with the emotional tenure of the disease and often

fusion can take place. Fusion reduces independent functioning and emotional self-reliance. With this lack of individuality, interdependence is reduced and the availablity of strong emotional support within the system breaks down. The therapist must be constantly aware of possible negative projections and try as much as possible to neutralize emotional fusion.

In conceptualizing the family from a systems point of view, Fogarty (1976) offers the following characteristic of a well adjusted family:

(1) They are balance and can adapt to change.

(2) Emotional problems are seen as existing within the family system, with components in each person.

(3) They are connected across generations to all family members.

(4) They use a minimum of fusion and a minimum of distance to solve problems.

(5) Each dyad can deal with problems between them.

(6) Differences are tolerated and even encouraged.

(7) Each person can deal on both cognitive and affective levels with others.

(8) They are aware of what each person gets from within and from others.

(9) Each person is allowed her or his own emptiness.

(10) Preservation of a positive climate takes precedence over

what is "right" or popular.

(11) Each person thinks it is a pretty good family to live in.

(12) Members of the family use each other as sources of feedback and not emotional crutches.

Helping the AIDS family must develop from the premise that the family has the potential to be healthy. With this in mind it becomes easier to focus on the task of building the family through focus on the positive and not on the negative. There must be the instillment of hope and a positive immediacy within the family. Therapy aims to reduce anxiety and hence diminish the emotional reactivity within the system.

The African American Family in Therapy

The reason the systems approach is so applicable when working with the African American family is that it affirms the strong connectedness between and within families. Historical and social factors such as, slavery, segregation, discrimination, poverty, and urbanization have contributed to the present stature of the African American family (Gibbs & Huang, 1990). African American families are still three times as likely to be poor as white families. This has strong implications for the family given that the majority of AIDS cases in the African American community are found within the lower socioeconomic bracket (Ritchie, 1990).

According to Gibbs & Huang (1990):

The assessment of the African American family must take into

account the roles within the family structure, socioeconomic status and living arrangements, degree of integration and acculturation, social support system, communication patterns, and patterns of seeking psychological help.

The need to examine so many of the social parameters of the family stems from the effects that economic dislocation has had on the average African American family. Given the enormous financial responsibility that accompanies AIDS the family in therapy is often there with compounded problems. It is important to note that when the person living with AIDS is the child in the family the emotional dynamics are even more strained. In the family the child is protected from the struggle, competition, and survival realities of the society (Cogdell & Wilson, 1980). Ultimately, the measure of the strength of the family is its resourcefulness based upon its strengths (White & Parham, 1990). It is hoped that the counselor will find these strengths and help the family in utilizing its resources.

Asante (1989) and Cheatham (1990) think it is important that Eurocentric values and behaviors be replaced with more Afrocentric perspectives in counseling. While this delineation is important it does not have to be absolute for the greatest benefit to occur. Therapy must focus on first knowing oneself, accepting the worth of self, developing positive self-concepts, and building a strong self-awareness (Brannon, 1983).

According to McFadden (1983),

> Knowing basic family patterns among blacks, family resources, potential for self-management, family roles and goals, need response patterns, communication patterns, supporting family structures, family energy levels and tolerance, interactional patterns, and family flexibility is the genesis of acquiring essential data for diagnosing issues germane to the black family.

McFadden (1983) makes some helpful cautions and suggestions for dealing with African American families in therapy. No therapist can rely only on a few well tailored techniques when approaching the African American family. The intervention must be grounded in a good grasp of the cultural milieu within which the family exists along with a comprehensive repertoire of strategies. The context of the AIDS family will demand the exhaustive use of that repertoire.

The AIDS Family

Public awareness and understanding of AIDS is very limited. With a high degree of ignorance, and faulty beliefs, there is a significant amount of fear and hostility frequently generated toward persons living with AIDS who have disclosed their diagnosis. The diagnosis of AIDS or a seropositive HIV test will represent different crises for different individuals. However, there are some common denominators that often link all cases. While an initial positive test may not have any accompanying symptomology the emotional jarring is extremely significant.

Within the context of the African American family it is important to explore the full extent of the HIV continuum in an existential framework. Within the

existential framework are significant issues in three broad categories, 1) fear, fatalism, and isolation, 2) changes and reactivity within the family dynamic, and 3) evaluation of the meaning of life.

Fear, Fatalism and Isolation

The issue of fear becomes one of dual direction, that of dealing with a public who is fearful of the disease and the personal fears generated by the onset of the AIDS dilemma. The anxiety created and the initial reality of pending death often can engender tendencies towards suicide (Helquist, 1987). The challenge then becomes dealing with those fatalistic attitudes parallel with the fears.

In dealing with fear, the first and most significant reducer is education. It becomes important for the therapist to educate the entire family about the physical realities of the disease. Of significance will be the family's concerns about contagion. The family in turn can disseminate accurate information to those around them. Dealing with fear means gaining some acceptance of the reality and limitations brought about by the disease. The family must therefore discuss their fears.

Fear is an emotion which can be confronted and it is the job of the therapist to help each member of the family challenge his or her fears (Martelli, Peltz, & Messina, 1987). While the fear of death may seem colossal for the infected person in the family, discussing the understanding that fear of death as a universal phenomenon can help (Kubler-Ross, 1987). Subsequently, the greatest challenge may be dealing with the fear of helplessness. Given that an

individual has to face impending death with reduced options can be very anxiety producing. Very often it is this sense of defenselessness that can encourage fatalistic thoughts.

Given the continuous powerlessness that envelops the African American community, it is speculated that an individual may respond with much strength given the oppressive experiences of the past (De La Cancella, 1989; Dilley, Pies, & Helquist, 1989). Some individuals may, however, entertain fatalistic attitudes with the mind set that no more social or psychological pressure can be endured.

The person with AIDS may be engrossed with the following fears: which opportunistic infection will strike next, whether they will die in pain or alone, whether they will go crazy, and who will care for them. The therapist must introduce the family to the grieving process so that all of the issues can be addressed. Emotions related to anxiety, depression, loss, anger, denial, guilt, and obsession are but a few of the areas that should be explored. As the family resolves these issues, fears will subside and the family may be able to spend some quality time together before death occurs.

Changes and Reactivity Within the Family Dynamics

The role of each person in the family is often clearly defined and the limitations AIDS brings about can change the dynamics in the structure of the family. An individual's role is often dictated by the position that he or she holds socially and his or her place in the sibling line. The possible loss of status is an

issue that the family will have to grapple with, given that some restructuring will have to take place. The family is forced to deal with a public image problem and very often this can impact the established family norms of the family. This may also lead to a loss of social support for the family. Considerable anger toward the ill family member may also be present, given other family member's fear of contagion, controversy over the changing system, the magnitude of the problem brought into the family, and the stigmatization the disease brings.

If the infected family member is homosexual the family may first learn of a members sexual preference after the onset of AIDS. There is often some conflict and disappointment that goes with this declaration. Parents may sometimes feel some guilt for their sons sexual preference. Isolation from the community may often follow when it is discovered that a family member contracted AIDS through homosexual practices. This isolation can be doubled if it also comes from within the family, for resentment may follow, and the job of the therapist now becomes that of reducing the reactivity within the family system.

As the family member becomes more ill and constant hospital care is necessary, the concerns of the family may change as they think of the impending space the loss will leave in the family. There is some reactivity to the finality of the process as family members may become angry as the expectation of loss becomes clear. This anger hopefully becomes acceptance before death impacts the family. Counselors can facilitate the resolution of this anger as the family becomes more accepting of the impending death.

Evaluating the meaning of life

One of the broadest and most undefined responsibilities of the therapist is helping the family prepare for death. In doing so it becomes imperative that some evaluation of life's meaning take place. It is helpful if the therapist explores some of the psychodynamics of existential theory.

It is important that the issue of death be placed into context, given the tension between the awareness of the inevitability of death and the desire to continue to be. In addition to the exploration of the emotions that accompany immient loss there are some other issues the therapist can help the client in understanding. The client is best served when he or she can accept that the author of an individual's life is the self. There is a freedom for the client that comes with the realization that eventually he or she is responsible for making all of choices. Along with this realization the therapist can explore the concept of isolation.. That is, that each person is ultimately alone even though contact and interaction is often craved. This helps the client to "let go" and deal better with the choice of death versus life. If we must die, constitute our own world, and be alone, then what meaning can life have a person living with AIDS? It becomes the duty of the therapist to help a client find meaning in a world that may be perceived as having little purpose for the dying.

Conclusions

The African American family must come to grips with the reality of the imminent danger the AIDS epidemic brings to the community. While the most

effective and productive therapy can be contrived the limiting factor in the fight to curb the epidemic still remains in prevention rather than cure. If counselors can be responsible advocates of safe sex and drug usage the mental health profession may be able to ameliorate the fate ahead. AIDS is claiming lives of African Americans three times faster than that of whites (Ritchie, 1990). AIDS is not going to go away and while some may pretend the problem is not there, the African American family is being eroded.

References

Asante, M. K. (1989). Afrocentricity. New Jersey: Africa World.

Bor, R., Perry, L., & Miller. (1989). A systems approach to AIDS counseling. Journal of family therapy, 11, 77-86.

Bowen, M. (1978). Family therapy in clinical practice. New York: Aronson.

Brannon,

Center for Disease Control. (1991). HIV/AIDS surveillance report. February, 1-18. Atlanta: Author.

Cheatham, H. E. (1990). Empowering Black families. In H. E. Cheatham & J. B. Stewart (Eds.), Black families. New Brunswick: Transaction.

Cogdell, R., & Wilson, S. (1980). Black communication in White society. California: Century Twenty-One.

Colangelo, N., Dustin, D., & Foxley, C. H. (1985). Multicultural nonsexist education: A human relations approach. Iowa: Kendall Hunt.

De La Cancella, V. (1989). Minority AIDS prevention: Moving beyond cultural perspectives toward sociocultural empowerment. AIDS education and prevention, 1, 141-153.

Dilley, J. W., Pies, C., & Helquist, M. (1989). Face to face: A guide to AIDS counseling. California: Celestial Arts.

Fenell, D. L., & Weinhold, B. K. (1989). Counseling families: An introduction to marriage and family therapy. Denver: Love.

Fogerty, T. F. (1976). Systems concepts and the dimensions of self. In P. J.

Guerin (Ed.), Family therapy: Theory and practice. New York: Garden.

Foster, M., & Perry, L. R. (1982). Self evaluation among Black. Social Work, 27, 60-66.

Gibbs, J. T., & Huang, L. N. (1989). Children of color: Psychological interventions with minority youth. California: Jossey Bass.

Helquist, M. (1987). Working with AIDS: A resource guide for mental health professionals. San Francisco: The AIDS Health project.

Hoop, J. W., & Rogers, E. A. (1989). AIDS and the allied health professions. Philadelphuia: F. A. Davis, Co.

Kubler-Ross, E. (1987). AIDS: The ultimate challenge. New York: Macmillan.

Martelli, L. J., Peltz, F. D., & Messina, W. (1987). When someone you know has AIDS: A practical guide. New York: Crown.

McFadden, J. (1983). Systemic counseling of the Black family. In C. E. Obudho (Ed.), Black marriage and family therapy. London: Greenwood Press.

Minuchen, S. (1974). Families and family therapy. Cambridge, MA: Harvard University Press.

Nichols, M. (1984). Family therapy: Concepts and methods. New York: Gardner.

Nobles, W. W. (1974). Africanicity: Its role in Black families. Black scholar, 5, 10-17.

Piercy, F. P., & Sprenkle, D. H. (1987). Family therapy sourcebook. New York: Guilford.

Ritchie,

Rogers, M. F., & Williams, W. W. (1987). AIDS in Blacks and Hispanics: Implications for prevention. Issues in science and technology, Spring, 89-94.

Sue, D. W. (1990). Counseling the culturally different: Theory and practice. New York: John Wiley & Sons.White, J. L., & Parham, T. A. (1990). The psychology of Blacks: An African American perspective. New Jersey: Prentice Hall.